

# **Kentucky Retirement Systems**

Perimeter Park West •1260 Louisville Rd. • Frankfort KY 40601-6124 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 2020 Revised 05/2010

## **Advice of Personnel Action**

Member Information							
Member Name:	Member ID:						
Employment Begin Date:							
The Employment Begin Date represents the date the member's employment began with your agency.							
Eligibility Date:							
The Eligibility Date represents the date the member became eligible to contribute to KRS.							
Employment End Date:							
The Employment End Date represents the date the member terminated employment	ent,						
Employer Information							
Employer Name:							
Employer Code:	Phone Number:						
Signature of Agency or Authorized Official:	Date:						
	•						
Title:							
Please provide any comments below.							



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Form 2001 Revised 04/2011

# **Membership Information**

Member Information Please provide your Member	ID or Social Securi	ty number in	the Mem	ber II	) box l	pelow.	er Syrife			y en Ty		
Member Name:	-			Mer	nber II	D:						
Address:	City:			State:	State:		Zip Code:					
Date of Birth:	Home Phone:				Work I	Work Phone:						
Maiden Name:	Marital Status:					Sex: Male Female				ale		
Full Name of Employing Agency:	***************************************						•					
Date of Employment with Agency:				Other Name Under Which You May Have Been Previously Employed:								
Previous County, City or State Em	oloyment		Fr	om			To		Adminis	etrative		
Agency	Position		Month [		Year	Month		Year				
Statement of Active Duty Military S				-145 T. T. T.		. 2014 (\$555) F. 111		tea la			1057 hr 1	
Statement of Active Duty Willtary S	ei vice						Table Sec. 1867					
Certification I understand that no benefits may be	paid to me or my be	eneficiary un	til this con	nplete	ed forn	n is filed	at the	retire	ment of	ice.		
Signature:						Date:						



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Print Form

Form 2035 Revised 10/2011

# **Beneficiary Designation**

Member Information Please	provide your N	lember ID or So	ocial Security Number	in the Member	ID box belo	ów.
Member Name:				Member ID:		
Address:			City:	A ming and a second transmission of advancemental control of a	State:	Zip Code:
Member's Date of Birth:		HORNOUGH A. C. CARLO, A. CARLO, A. MARIANA CARLO	Sex:	en en control de contr	A 10 No conditions in a real of a sec	
Notice: This form is not valid	l unless it is co	mpleted correc	tly and received in the	e retirement off	ice prior to	the member's death.
The member and a witness mu principal or contingent benefici beneficiaries, please contact o Principal Beneficiary Section beneficiary will receive bene	ary of your retire ur office. Your b n: Please select	ement account. I eneficiary design t one of the ber	If you wish to name mor nation may be changed neficiary types below b	e than four indiv at any time prio	riduals as pr r to retireme	incipal or contingent ent by filing a new Form 2035.
Person You cannot name yourself as parame a single individual as be credit. If you name multiple indivendential beneficiary you may indicate the exceed 100%. If you do not incoprincipal beneficiaries have die	neficiary, that in lividuals, your es ne percentage e dicate percentag	dividual may be state or a trust, r ach beneficiary i jes, disbursemer	eligible for a lifetime be no lifetime benefit is ava is to receive. Percentag nt of payment will be div	nefit upon your o ilable. If you nar es for the princip ided equally am	death, depe ne more tha pal beneficia long living p	nding on your total service n one individual as principal ry section should total but not
Name:		%:	2 Name:			%:
Social Security Number:		Sex:	Social Secu	urity Number:		Sex:
Date of Birth:	Rela	ationship:	Date of Birth	ո։		Relationship:
Address:		,	Address:			
City:	State:	Zip Code:	City:		State:	Zip Code:
Name:		%:	Name:			%:
Social Security Number:		Sex:	Social Secu	urity Number:		Sex:
Date of Birth:	Rela	ationship:	Date of Birth	n:		Relationship:
Address:			Address:			
City:	State:	Zip Code:	City:		State:	Zip Code:
My Estate  If you name your estate as a p	rincipal benefici	ary, you cannot	name a contingent bene	eficiary. No addi	tional inform	ation required.
Living Trust The following information is resubmit a copy of the trust with	quired to design this form. A cha	ate a living trust	. You must write the nar tion or a religious charity	me of the trust a	s it appears led as bene	in the trust document and ficiary unless it is a trust.
Name of Trust:	angementen i angle semanten mendelanda (1886) di melanda.		T	rust ax ID:		Date of Trust;
Trustee or Successor Trustee	Contact Informa	ation: Our office v	will contact the trustee li	isted below follo	wing your d	eath.
Name:				months and the months are an experienced.	Phone:	· · · · · · · · · · · · · · · · · · ·
Address:			City:		State:	Zip Code:
☐ <b>Testamentary Trust</b> A testamentary trust is establis	shed by the men	nber's will and ta	ikes effect following the	member's death	n. No additic	nal information required.

Contingent Beneficiary Section: Please select one of the beneficiary types below by checking the appropriate box. The contingent beneficiary will receive benefits in the event of your death only if all of the named principal beneficiaries are deceased. Person You cannot name yourself as contingent beneficiary. You also cannot name the same person as both principal and contingent beneficiary. If you name more than one individual as contingent beneficiary you may indicate the percentage each beneficiary is to receive. Percentages for the contingent beneficiary section should total but not exceed 100%. If you do not indicate percentages, disbursement of payment will be divided equally among living principal beneficiaries, or if all principal beneficiaries have died, among all living contingent beneficiaries, as provided in KRS 61.542. 2 Name: Name: %: Social Security Number: Sex: Social Security Number: Sex: Date of Birth: Relationship: Date of Birth: Relationship: Address: Address: City: State: Zip Code: City: State: Zip Code: Name: Name: Social Security Number: Sex: Social Security Number: Sex: Relationship: Date of Birth: Date of Birth: Relationship: Address: Address: Zip Code: State: Zip Code: My Estate If you name your estate as a principal beneficiary, you cannot name a contingent beneficiary. No additional information required. Living Trust The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust. Trust Date of Name of Trust: Tax ID: Trust: Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death. Name: Phone: City: Trustee Address: State: Zip Code: Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required. This form is not valid unless signed by the member and witnessed. Please ensure that you have only checked one beneficiary type box in the principal beneficiary section and one beneficiary type box in the contingent beneficiary section. If you select more than one beneficiary type in either section, this form will be considered invalid. Please initial all corrections you have made to the form. Failure to initial changes may cause the form to be invalid. Your Signature: Member ID:

Date:

Witness Signature: